

2001 UNIFORM BUSINESS REPORT (UBR)

0000148 AF

DOCUMENT # A96000002012

1. Entity Name

SPRING VALLEY FINANCING PARTNERSHIP, LTD.

FILED

JUN -8 PM 12:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**C/O DARYL CRAMER & ASSOC., P.A.
 515 N. FLAGLER DR., SUITE 910
 WEST PALM BEACH FL 33401**

Mailing Address
**C/O DARYL CRAMER & ASSOC., P.A.
 515 N. FLAGLER DR., SUITE 910
 WEST PALM BEACH FL 33401**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
65-0705343

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DARYL CRAMER & ASSOC., P.A.
 515 N. FLAGLER DR., SUITE 910
 WEST PALM BEACH FL 33401-5010**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,300,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,300,000.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000079941 SPRING VALLEY GENERAL PARTNER, INC. 515 N. FLAGLER DR., SUITE 910 WEST PALM BEACH FL 33401
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100004419621--9 -06/14/01--01049--023 ****446.25 ****446.25
CITY-ST-ZIP	
STREET ADDRESS	100004419621--9 -06/14/01--01049--024 *****88.75 *****88.75
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Fabrizio Lucchese* **FABRIZIO LUCCHESE** Date: **APR 23, 2001** 905-882-1212 Daytime Phone #

CR2E003 (11/00)